Original Article

Situations and repercussions of domestic violence on women's health

Situações e repercussões da violência doméstica na saúde das mulheres

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ABSTRACT | OBJECTIVE: To understand the situations and repercussions of domestic violence on the health of women sheltered in a halfway house. **METHOD:** This is a descriptive exploratory qualitative research conducted during November and December 2020. Eight women who were in the halfway house were part of the study during the period of data collection. Individual interviews in a reserved room, guided by a semi-structured script with guiding questions were used to obtain the data, which were recorded, organized, and later categorized by themes. **RESULTS:** From the data analysis, two categories emerged, built from interview responses, being: violence that recurs and the relationships between violence and health. The first category refers to how women experienced violence in different life trajectories. The second refers to how these situations interfere in aspects related to their health. **FINAL CONSIDERATIONS:** The study revealed, through the speeches, that there is fear in seeking help due to lack of information.

DESCRIPTORS: Women. Domestic violence. Violence against Women. Health.

RESUMO | OBJETIVO: Compreender as situações e repercussões de violência doméstica na saúde das mulheres abrigadas em uma casa de passagem. **MÉTODO:** Trata-se de uma pesquisa descritiva exploratória de caráter qualitativa realizada durante novembro e dezembro de 2020. Fizeram parte do estudo oito mulheres que se encontravam na casa de passagem, durante o período de coleta dos dados. Entrevistas individuais em sala reservadas, guiadas por roteiro semiestruturado com questões norteadoras foi a técnica utilizada para a obtenção dos dados, que foram registrados, organizados e posteriormente categorizados por temas. **RESULTADOS:** Da análise dos dados, emergiram duas categorias, construídas a partir de respostas das entrevistas, sendo: a violência que se repete e as relações entre violência e saúde. A primeira categoria diz respeito ao modo como as mulheres vivenciaram violências em diferentes trajetórias de vida. Já a segunda, refere-se a como essas situações interferem em aspectos relacionados à sua saúde. **CONSIDERAÇÕES FINAIS:** O estudo revelou, por meio das falas, que há medo na busca de ajuda devido à falta de informações.

DESCRITORES: Mulheres. Violência Doméstica. Violência contra a Mulher. Saúde.

Submitted 06/10/2021, Accepted 08/12/2021, Published 09/13/2021
J. Contemp. Nurs., Salvador, 2021 October;10(2):272-279
http://dx.doi.org/10.17267/2317-3378rec.v10i2.3888 | ISSN: 2317-3378

How to cite this article: Nogueira CM, Backes DS, Costenaro RGS, Londero CA, Souza MHT. Situations and repercussions of domestic violence on women's health. J Contemp Nurs. 2021;10(2):272-279. http://dx.doi.org/10.17267/2317-3378rec.v10i2.3888

Introduction

The theme of violence, present in women's lives, deserves a prominent place among the concerns of different professionals, as it is considered a public health problem, causing social, psychological, and physical damage. A brief literature review found that the COVID-19 pandemic context reflected in intra-family violence, increasing violence against women, children, and adolescents during the period of social distancing.[1]

Violence is characterized as a complex and social phenomenon, with unequal gender relations as a pillar, causing psychological and physical damage, as well as causing suffering for the woman who experiences it.[2] The triggering social factor permeates a culture of oppression, socially reflected in the hierarchy of genders.

A correlation was perceived in the implications of gender violence with the globalization process and neoliberal policies, as well as the objectification of female bodies, linked to patriarchal and sociocultural regimes, which insist on a severe and aggressive masculinity.[3]

When the World Health Organization (WHO) published the 2002 World Report on Violence and Health, it defined violence as the intentional use of force or physical power, in fact, as a threat, against oneself, another person, group, or community, which causes or is very likely to cause injury, death, psychological damage, developmental disorders or deprivation.[4]

Recent data from Brazil showed a significant increase in notifications of violence against women in the family environment, with 1,206 women victims of femicide in 2018. In line with this context, 88.8% of the total were affected by partners or ex-partners with regard to cases of negligence, sexual abuse, and physical violence; these directly affect relationships in this context.[5]

In addition to directly affecting women, the processes of domestic violence can represent a violent home that exposes children, compromises their mental health, interferes with their school performance, and makes them vulnerable to drug use.[6] This situation contributes to increasing the suffering of women, configuring itself as psychological violence.[4]

The Brazilian public health system, known as the Unified Health System (SUS), provides humanized and comprehensive care.[7] Therefore, it considers the social determinants of health, such as poverty, low education, lack of basic sanitation, among others.[8] According to an analysis of public policies, in its 33 years, the SUS has sought improvements in maternal and child health, with public care and management policies, to meet this population's demands.

Reflecting on public policies and their social determinants is important for the health demands that involve the violence experienced by women. According to the National Humanization Policy (PNH)[9], welcoming involves recognizing what legitimizes and singles out individual health needs.

Nurses are largely responsible for the care of women in the SUS, and their training is intrinsic, among other skills, to act as health promoters.[10] The process of women's empowerment requires educational strategies that enable informed choices and contribute to healthy behavior. In this sense, several resources, methodologies, and techniques can be used to facilitate the educational process.

Continuing education in health, promoted by nursing, is permeated by the scientific bases on which they are supported, offering the professionals a reflection on their actions and practices.[11] In this sense, the importance of delineating the target audience and how communication will occur are highlighted, providing a dynamic approach.[12]

Educational technologies, such as folders, manuals, and informative booklets, are considered efficient communication tools to promote health education. In this context, a booklet was developed seeking female empowerment. In addition to contributing to inform users, they allow them to act as multipliers, presenting the material to other people in the community.

The educational process needs to be recognized as a tool for reducing inequalities and strengthening actions that preserve citizenship. Consequently, informative booklets are useful materials for describing issues related to the prevention of violence. In addition, it is possible to use them as an instrument for health promotion, a facilitator of the educational path, and improvement of readers' knowledge, attitude, and practice.[13]

In this sense, informative material was organized for a transition house, also known as a shelter house, with a family or conjugal environment. This transition house, characterized as a temporary, safe, and secret place, aims to ensure the physical and psychological integrity of women in situations of violence or at imminent risk of death.[14]

Temporary shelters have become the right of women who experience violent situations since 2011, with the document National Guidelines for Sheltering Women in Situations of Risk and Violence. Characterized as a universal policy, it becomes accessible to all women, including the complexity of violence cases against women in all areas.[15]

Given the above, the question is: what is the repercussion of domestic violence for women sheltered in a transition house in the central region of Rio Grande do Sul? Based on this, this study aimed to understand the situations and repercussions of domestic violence on the health of women sheltered in a transition house.

Methods

This is exploratory, descriptive research of a qualitative nature. Eight women who were in the transition house during the data collection period took part in the study. It should be noted that this place aims to receive women who have experienced some type of domestic violence in a city in the central region of Rio Grande do Sul. Therefore, women who were not at home during data collection were excluded.

This work was developed from interviews with women who had experienced violence and were in a shelter situation. Data collection took place from November to December 2020. Besides, individual interviews were carried out, with questions based on guiding questions, enabling interaction between researcher and participants, favoring the contextualization of experiences. The interviews took place in a private room, in the presence of the researchers (master and student of Nursing) and the psychologist who worked professionally in the transition house, to help during the process.

The dialogues were not recorded to avoid embarrassment in the interlocutors of this study but were transcribed, and grammar corrections were carried out following the Standard Standard of the Portuguese Language in force. Participants were identified using the initials W (Women) and the entry number in the order of the text (W1, W2, and so on.).

The results were analyzed following the methodological guidelines of Minayo[16], who recommended the following steps: the ordering of collected data, data classification, and the final analysis (taking into account the research objectives and the themes that emerged from the interviews). After completing this process, the findings were discussed, and an approximation was made to the existing literature relevant to the subject.

For the analysis, the data that are already transcribed was organized. Subsequently, they were classified according to the day of the interviews and linked to findings in the literature that covered the theme. Finally, the final analysis took into account the objective of the research and the themes that emerged from the interviews.

For the development of the research, the ethical aspects were observed, according to Resolution nº. 466/2012. Each research participant signed a Written Informed Consent Form, which contained accessible language, including the objectives, justification, freedom to give up the subjects, at any time, without prejudice, and the guarantee of anonymity.[17] The Ethics Committee in Search approved the work.

Results

In all, eight women participated in the survey, whose ages ranged between 18 and 30 years. All interviewees reported having children, and the predominant level of education was incomplete primary education.

From the data analysis, two categories emerged, constructed from the answers to the interviews: the repeated violence and the relationship between violence and health. The first category concerns how women experienced violence in different life trajectories. The second refers to how these situations interfere in aspects related to their health. In this sense, the participants highlighted the importance of female empowerment as a tool to overcome situations of violence that many women still face in their daily lives.

The violence that is repeated

All women interviewed reported domestic violence in different contexts of life. The situations involved fathers, stepfathers, and even mothers:

As a child I lived with my mother and sisters, we don't know who our father is, my mother made us work to have money at home. When I bothered her, she tied me up and left me in a corner of the house. When I was a young girl, my mother found a husband and I had my first child at 14 years old, as a result of his abuse. (W1)

When I got married my husband drank and hit me, he just drank and bothered me. Once he took a hot pan full of lard and patted my hand, it never healed. (W3)

I got married to leave the house, as my father was very violent. When I realized my husband was already attacking me the same way. It started slowly, without me realizing it. Then, there was a lot of punching, screaming and even a knife. (W7)

From the interviews, it was possible to observe that, although one participant reported experiencing violence by mother, the predominating situations were those of violence by men, portraying gender inequality. Moreover, the statements pointed to situations repeated in different contexts of their lives, starting in biological families and perpetuating in their new families.

In the statements below, gender inequality becomes evident in the allegations of abuse committed by men from the family and social nucleus.

In my house I always saw violence between my father and my mother. Then I lived all over again with my children's father and I couldn't get out of it. I started to understand my mother. (W6)

My first boyfriend, he was quite jealous, but I didn't know if that was violence or not, once he threw my clothes away. Then he started hitting me and never stopped. I changed boyfriend, had children and the violence continued. My life turned to hell, I was always getting slapped in the face. (W8)

It was noticed from the answers that aggressions are one of the ways found by the partner to reinforce the domain and control over the woman. When asked about the reasons, the answers ranged from alcohol use, sexism culture, among others:

He drank and beat me, it usually happened on weekends when he had a day off and was more at home. (W2)

My mother-in-law had also suffered with her husband. I think the son saw and copied, so he hit me too. (W6)

He became so jealous. I couldn't have friends; I couldn't leave the house. He thought I already had another. (M8)

Violence and health

The answers show that situations of violence affected women's health, as seen in the following statement:

I think that any human being who witnesses situations of violence is traumatized, I witnessed it and suffered. I once lived with a violent person. I know of many women who go through this and even go crazy, get sick. It's impossible not to get sick if we can't even live right, always facing violence for everything we did or didn't do. Men think they own us. (W4)

When reporting the paths taken to seek help for the violence, the participants were unanimous in saying that they had difficulties, as they did not know how to proceed and not even the places that deal with these situations. However, they revealed that health services, especially primary care, are part of their trajectories for health care, especially for children:

I think it would be nice to have people who care about me and other people who suffer violence too. When I went to the health center, it would had been nice if someone talked to me, but actually I only used to go there to get my children vaccinated or to consult. I didn't talk about it because no one asked and I was afraid they wouldn't believe me. (W6)

I was suffering a lot, but I couldn't speak. When a community worker went on a home visit and discovered this, he threw me out of the house. I lived in a few other shelters until I came to this one. The staff at the post told me to look for help at the police station and from there they sent me here. (W2)

During care at health services, women can indicate the first signs of violence. It is also noted in the following comment the need for health education, as well as highlighting the importance of denunciation.

Today I'm informed and I know that it's important for women to denounce and seek their rights. I would like to know about what violence is, where I could report it and how to do it before going through all that I'm living today. It is very important that they do not give up on being themselves and that they know their rights. But to take care of ourselves, we don't go to the police station, but to the health center close to home. (W7)

Discussion

According to the reports of the women in the research, the abuse of substances such as alcohol, jealousy, and the male sexism culture, from their partner are factors that contribute to causing violence. For example, when aggressors are drunk, women often do not report them for considering them someone else at that time.[18]

Data revealed that Brazil is one of the countries that suffer most from domestic violence, with statistics showing that every fifteen seconds, a woman is attacked in Brazil and, therefore, this is the main cause of death and disability among women with ages between 16 to 44 years and that kills more than cancer and traffic accidents.[19] Thus, the impact of gender violence in the Brazilian scenario was perceived and its implications in daily life.

A study showed that most victims remain in abusive relationships, often coerced by financial and emotional dependence, leading to cyclical events of violence and, thus, in most cases, their partner committed the violence himself, at home.[20]

In a national parameter, there are achievements of women in the fight for their rights, being highlighted the Law 11.340/06, also known as Maria da Penha, from 2006. In this Law, public policies of social inclusion and assistance are aimed at the needs of those involved.[21] Furthermore, the Organic Law of the SUS affirms comprehensive and humanized care, which understands vulnerability as a social determinant.

Reflecting on the situations that allow sheltering, the care provided to women in situations of violence aims to ensure the physical and moral integrity of those at risk of death. In this way, the State expanded the creation of equipment called Shelter-Houses, which are responsible for providing, on a provisional basis, the necessary accommodation.[15]

Aiming to favor the search for help by women in situations of violence, the law has the institute for the protection of women.[22] The importance of the support network is highlighted as a tool to improve the responsiveness of women who suffer from a relationship permeated by mistreatment and abuse. In this context, health professionals must be aware of the service network for women who experience violence, assisting in the referrals that may be necessary. Primary Health Care, Basic Family Health Units, and Family Health Strategies are considered the gateways to health services. In this sense, they must belong to support networks.[21] The nursing team is the most present in these scenarios, carrying out the reception and nursing consultations based on reflection. Therefore, it is necessary to provide these places with trained professionals to meet the demands of services.

As professionals, always present and active in Basic Health Units and the Family Health Strategy, nurses and the entire health team, when identifying these signs, it is important that they think of strategies to curb it, thus preventing it from getting worse or turn into physical violence.

Violence becomes a problem when it affects individual and collective health, which requires the creation of specific public policies and the organization of services aimed at prevention and treatment.[23] Violence against women is constituted in one of the main forms of violation of their human rights, affecting their rights to life, health, and physical integrity.[22]

In this sense, the SUS has made visible possibilities for changes in the health area, including the awareness of the need to adopt emancipatory professional approaches, which are manifested in recognition of the limitations of the traditional public health model due to its predominantly biological focus.[24]

The network for combating domestic violence against women is composed of actors who act in a horizontal, democratic, cooperative, and articulated manner to achieve a common goal, which is to combat this violation of women's fundamental rights.[25] In this sense, among the main strategies highlighted in facing the problem are the interventions that aim to strengthen them and make them aware of their rights.

Final considerations

In order to understand the consequences of situations of domestic violence on the health of women sheltered in the Aconchego Home, it was realized how much women's health could be affected.

In this sense, health teams must be attentive to reports and signs of violence that they may have experienced. The nurse, a health professional who is always present in the teams, develops care very close to these women and can be the first to detect cases and proceed with the appropriate referrals.

Although researches show how women's health is affected by the violence faced in their daily lives, it is essential to use support materials that indicate the rights of these women. Through the interviewees' statements, the study revealed that there is fear in seeking help due to lack of information. This fact reinforces the need to create a product that brings these considerations clearly and objectively.

As a limitation of this study, the low number of interviewees is pointed out due to the need to isolation and distancing recommendations imposed by the COVID-19 pandemic. However, despite this, it is considered that the responses were dense, providing a deep reflection on the topic.

The fight against domestic violence requires the construction of new knowledge and alliances so that the service network for women is a joint construction, which contains collective interventions. The nurse's role is fundamental in this process of care and health education, aiming not only to take care of the cases that occur but also to prevent new situations from happening.

Authors' contributions

Nogueira CM and Londero CA participated in data collection and analysis, and writing of the scientific article. Backes, DS, Costenaro RGS, and Souza MHT participated in the data analysis and text review.

Compeeting interests

No financial, legal, or political conflicts involving third parties (government, companies, and private foundations, etc.) have been declared for any aspect of the submitted work (including, but not limited to grants and funding, advisory board participation, study design, preparation of the manuscript, statistical analysis, etc.).

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